

## INCOME AND EXPENSE STATEMENT

NAME \_\_\_\_\_ CASE# \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MONTH ENDING \_\_\_\_\_

INCOME/SALES/REVENUE \_\_\_\_\_  
LESS PURCHASES: \_\_\_\_\_  
(COST OF GOODS SOLD) \_\_\_\_\_

NET INCOME \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ TOTAL INCOME (+) \_\_\_\_\_

### EXPENSES

WAGES \_\_\_\_\_  
RENT \_\_\_\_\_  
ADVERTISING \_\_\_\_\_  
BAD DEBTS \_\_\_\_\_  
GAS/OIL \_\_\_\_\_  
DEPRECIATION \_\_\_\_\_  
FREIGHT/DELIVERY \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
LEGAL/ACCOUNTING \_\_\_\_\_  
SUPPLIES \_\_\_\_\_  
LICENSES \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
UTILITIES \_\_\_\_\_  
POSTAGE \_\_\_\_\_  
REPAIRS/MAINTENANCE \_\_\_\_\_  
EMPLOYMENT SECURITY \_\_\_\_\_  
L&I INSURANCE \_\_\_\_\_  
DEPT OF REVENUE \_\_\_\_\_  
IRS (941) \_\_\_\_\_  
OTHER \_\_\_\_\_  
OTHER \_\_\_\_\_  
OTHER \_\_\_\_\_

TOTAL EXPENSES (-) \_\_\_\_\_

BUSINESS PROFIT (LOSS) \_\_\_\_\_

### Court Requirements:

- A. Copy of tax reports filed with tax agencies and proof of payment
- B. Month end account receivable balance \_\_\_\_\_
- C. Tax reserve account balance \_\_\_\_\_
- D. Copy of 1040 ESQ (if applicable)

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